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Bib Data Sheet

<b>SERIAL NUMBER</b> 10/830,177	<b>FILING OR 371(c) DATE</b> 04/21/2004 <b>RULE</b>	<b>CLASS</b> 706	<b>GROUP ART UNIT</b> 2129	<b>ATTORNEY DOCKET NO.</b> 45358.00002.CIP1	
<b>APPLICANTS</b> Scott B. Wilson, Del Mar, CA; <b>** CONTINUING DATA *****</b> <i>Pro</i> This application is a CIP of 10/810,949 03/25/2004 which is a CON of 10/123,834 04/15/2002 PAT 6,735,467 <b>** FOREIGN APPLICATIONS *****</b> <i>none - Pro</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/28/2004 <b>** SMALL ENTITY **</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <i>Initials</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 81	<b>INDEPENDENT CLAIMS</b> 19
<b>ADDRESS</b> 36183					
<b>TITLE</b> Systems and methods for automatic and incremental learning of patient states from biomedical signals					
<b>FILING FEE RECEIVED</b> 1622	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		